Fill in this information	to identify your case:	
Debtor 1	Thomas J Cravalho	
Debtor 2 (Spouse, if filing)	Shannon J Cravalho	_
United States Bankru	ptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
	-16187	Check if this is:
(If known)		An amended filing
		☐ A supplement showing postpetition chapter 13 income as of the following date:
Official Form	n 106l	MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse			
	If you have more than one job,	Employment status	■ Employed	■ Employed			
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed			
	employers.	Occupation	Senior Quality Manager	Self-Employed (Part Time)			
	Include part-time, seasonal, or self-employed work.	Employer's name	Accupac Inc.				
	Occupation may include student or homemaker, if it applies.	Employer's address	1501 Industrial Blvd Harleysville, PA 19438				

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

2. \$ 8,846.16 \$ 0.00 +\$ 0.00

Official Form 106I Schedule I: Your Income page 1

	tor 1 tor 2	Thomas J Cravalho Shannon J Cravalho	-	Cas	se number (<i>if kno</i> u	vn)	19-1	6187		
					or Debtor 1			Debtor 2	oouse	
	Cop	y line 4 here	4.	\$	8,846.	16	\$_		0.00	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1,790.9	94	\$		0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.0		\$_		0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.0		\$_		0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$	0.0		\$		0.00	
	5e.	Insurance	5e.	\$	501.3	30	\$		0.00	
	5f.	Domestic support obligations	5f.	\$	0.0	00	\$_		0.00	
	5g.	Union dues	5g.	\$	0.0	00	\$		0.00	
	5h.	Other deductions. Specify: Life Insurance	5h	+ \$	101.4	42	+ \$		0.00	
		Health Flex Spending Account		\$	333.	32	\$		0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	2,726.9	98	\$		0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	6,119.	18	\$		0.00	
8.	List 8a. 8b. 8c.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent	8a. 8b.	\$	0.0 0.0		\$ _ \$_		-89.82 0.00	
	0-1	regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.0		\$_		0.00	
	8d.	Unemployment compensation	8d.	\$	0.0		\$_		0.00	
	8e. 8f.	Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$	0.0	00	\$_ \$_		0.00	
	8g.	Pension or retirement income	8g.	\$	0.0		\$_		0.00	
	8h.	Other monthly income. Specify:	_ 8h	+ \$	0.0	00	+ \$_		0.00	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	0.0	00	\$_		-89.82	2
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	S	6,119.18 +	\$_		-89.82	= \$	6,029.36
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in Schedule adde contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	deper		. ,			Schedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						. 12.	\$	6,029.36
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?					L	Combir monthly	ed / income
	П	Yes, Explain:								